GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation
& Licensing Administration

SENT VIA FACSIMILE and US MAIL

January 23, 2008

Mr. Bentley Hamilton
Executive Director
Multi-Therapeutic Svcs. Inc.
4201 Connecticut Avenue, NW Ste 405
Washington, DC 20008

Re: 2852 Northampton Street, NW

Dear Mr. Hamilton:

On **January 9, 2007** a follow-up survey was conducted at the facility identified above to determine if the facility had regained compliance with the Federal Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The revisit resulted in a finding that even though progress had been made in correcting previously cited condition level deficiencies that resulted in the proposed enforcement action, continuing condition-level and standard-level deficiencies remained and preclude finding your facility in compliance with the requirements.

Enclosed are the continuing deficiencies. You have an opportunity to submit a second credible allegation of compliance; however, you must submit documentation to support this allegation. Once the allegation of compliance have been received and approved, surveyor(s) from this office will revisit your facility to verify compliance. If the revisit result in a determination that you have corrected the deficiencies and your facility is in substantial compliance with the Conditions of Participation, this office will recommend to the Department of Health, Medical Assistance Administration (MAA), renewal of your Provider's Agreement.

This office will recommend termination of your federal participation if (1) this office does not receive a credible allegation of compliance by **February 12, 2008**; (2) if you submit a credible allegation of compliance, but are found not to have been in substantial compliance by **February 12, 2008**. We will recommend that the termination date will be **February 26, 2008**, ninety (90) days after the survey completion date.

Should the Health Regulation Administration recommend termination of your federal participation, the MAA will contact you with its determination. The MAA will also apprise you of your hearing rights pursuant to 42 CFR 431.151-154.

If your participation in the Medicaid program is terminated, your facility will not be readmitted to the program unless you can demonstrate to this office that the reason for the termination has been removed and there is a reasonable assurance that it will not recur.

If you have any questions regarding this matter, please contact Ms. Sheila Pannell, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

Patricia W. VanBuren
Program Manager

Enclosures

Cc: Medical Assistance Administration (MAA)
Department on Disabilities Services (DDS)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation Administration

SAMPLE SELECTION FORM

Survey Period
From: January 8, 2008
To: January 9, 2008

[redacted]

Provider Name: Multi-Therapeutic Services Provider Number: 09G114

Names	Functional Level	Core	Add-On	Client Identifiers
Dennis Jackson		☒	☐	#1
Bernard Jackson		☒	☐	#2
Daniel Jackson		☒	☐	#3
Carroll Tyler		☒	☐	#4
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

Leader: Debbie Allen

Date: January 9, 2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G114	A. BUILDING _____ B. WING _____	R 01/09/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTS	2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015

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{W 000}	INITIAL COMMENTS A follow up visit was conducted January 8 and 9, 2008. A sample of two were selected for review. The survey findings were based on observations in the group home interviews with nursing and administrative staff and review of records, including review of unusual incidents.The facility was deficit in the Conditions of Participation in Health Care Services.	{W 000}		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on the observation, interview and the review of records, the facility's governing body failed to consistently provide operational direction over the facility. The findings include: 1. Cross Refer to W124. The governing body failed to establish an effective system to ensure that clients' legal guardians were fully informed of the clients' medical condition, developmental and behavioral status, attendant risks of treatment, the right to refuse treatment, and due process rights. 2. Cross Refer to W322. The governing body failed to ensure that the facility's medical staff provided a diet texture order on the physician's order sheet (POS) for Client #3. 3. Cross Refer to W331. The governing body failed to ensure nursing services were provided in	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 104	Continued From page 1 accordance with the needs of Client #1 and Client #2. 4. Cross Refer to W338. The governing body failed to ensure that nursing staff secured timely medical follow-up for Clients #1 and #2.	W 104		
{W 124}	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients that were informed of their risks and benefits of their medication for two of the two clients in the sample. (Client #1 and Client #2) The findings include: 1. Client #1 was observed during the morning medication pass on November 26, 2007 at approximately 7:45 AM being administered Ativan 4 mg by mouth. Interview with the Registered Nurse (RN) on November 26, 2007 at approximately 8:00 AM revealed that Client #1 was prescribed the sedation for a dental examination. Interview with the Qualified Mental Retardation Professional (QMRP) on November 26, 2007 at approximately 9:00 AM revealed that Client #1's mother was very involved in his life but	{W 124}		

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{W 124}	Continued From page 2 is not the client's legal guardian. Review of Client #1's, psychological assessment dated November 29, 2006 on November 27, 2007 at approximately 1:18 PM revealed that the client does not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the facility informed Client #1's mother of the health benefits and risks of treatment associated with the use of the sedation. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. 2. Client #2 was observed during the evening medication pass on November 26, 2007 at approximately 6:35 PM and was administered Haldol 15 mg by mouth twice a day and Depakote 500 mg by mouth twice a day. Review of Client #2's physician's orders dated October 1, 2007 revealed that the client was prescribed Haldol 15 mg by mouth twice a day and Depakote 500 mg by mouth twice a day for the management of Schizophrenia. Interview with the Licensed Practical Nurse (LPN) on November 26, 2007 at approximately 6:40 PM revealed that Client #2 was prescribed these medications for behavioral management. Further interview with the LPN revealed that the medications were incorporated into Client #2's Behavior Support Plan (BSP) dated June 30, 2007 to address targeted behaviors that included inappropriate touching, physical aggression, verbal aggression, hallucinations and property destruction. Interview with the QMRP on November 26, 2007 at approximately 9:30 AM revealed that Client #2's parents are very involved in his life but are not the client's legal guardians. Review of Client #2's,	{W 124}		

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{W 124}	Continued From page 3 psychological assessment on November 27, 2007 at approximately 1:21 PM revealed that the client does not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the facility informed Client #2's parents of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	{W 124}		
{W 312}	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the individual program plan (IPP) for one of the two clients in the sample (Client #1) and for one focus client (Client #3). The findings include: 1. Client #1 was observed during the morning medication pass on November 26, 2007 at approximately 7:45 AM being administered Ativan 4 mg by mouth. Interview with the Registered Nurse (RN) on November 26, 2007 at	{W 312}		

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{W 312}	Continued From page 4 approximately 8:00 AM revealed that Client #1 was prescribed the sedation for a dental examination. Further interview revealed that the RN had no knowledge if a desensitization program for medical appointments had been developed for Client #1. Review of Client #1's medical records on November 27, 2007 at approximately 9:45 AM revealed that on November 20, 2006, the client received Ativan 4 mg by mouth prior to a dental exam, and on April 5, 2007 prior to a podiatry examination. Further review revealed that on May 14, 2007, the client received Ativan 4 mg by mouth for a dental exam. Interview with the Registered Nurse (RN) revealed that Client #1 did not have a desensitization program for medical appointments. Review of the Client #1's Individual Support Plan (ISP) dated December 11, 2006 on November 27, 2007 at approximately 11:00 AM, failed to evidence a program that addresses the client's non-compliant behaviors at medical appointments to justify the use of the sedative medication. There was no evidence that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the ISP. 2. Client #3 was observed during the morning medication pass on November 26, 2007 at approximately 8:00 AM being administered Ativan 4 4 mg by mouth. Interview with the RN on November 26, 2007 at approximately 8:05 AM revealed that Client #3 was prescribed the sedation for a dental examination. Interview with the Registered Nurse (RN) revealed that Client #3 did not have a desensitization program for medical appointments. Review of the Client #3's Individual Support Plan (ISP) dated December 11, 2006 on November 27, 2007 at approximately	{W 312}		

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{W 312}	Continued From page 5 11:10 AM, failed to evidence a program that addresses the client's non-compliant behaviors at medical appointments to justify the use of the sedative medication. There was no evidence that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the ISP. Note: The POC submitted by the facility reflected that "psychology will develop a desensitization program for clients #1 and #2 specific to his sedation issues by 1/7/07." At the time of the follow up visit conducted on 1/ 9/07, there was no desensitization programs presented. It was confirmed by the QMRP that programs to support clients during medical appointments had not been developed.	{W 312}		
{W 318}	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on observation, interviews, and record reviewed, the facility failed to ensure that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the individual program plan (IPP) [Cross Refer to W312]; failed to provide preventive and general health care services to meet the needs of the clients [Cross Refer to W322]; the facility failed to establish systems to provide health care monitoring and identify services that would ensure nursing services were provided in accordance with clients needs [Cross Refer to W331]; failed to ensure timely medical follow up failed to ensure health services were	{W 318}		

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{W 318}	Continued From page 6 provided to meet the needs of the clients [Cross Refer to W338]. The results of these systemic practices results in the demonstrated failure of the facility to provide health care services.	{W 318}		
{W 322}	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility's medical services failed to refer one of two clients in the sample to a specialist (Client #2) and the facility failed to provide a diet texture order on the physician's order sheet (POS) for one focus client included in the sample. (Client #3) The finding includes: 1. Observation during the breakfast meal on November 26, 2007 at approximately 6:35 AM revealed that Client #3 was served a pureed diet. Interview with the direct care staff on November 26, 2007 at approximately 7:05 AM revealed that all of Client #3's food was pureed for his safety. Review of the physician's order sheet (POS) dated October 1, 2007 on November 26, 2007 at approximately 3:50 PM revealed that Client #3 was on a low cholesterol diet with Resource Plus three times a day. Review of the Nutritional Assessment dated November 11, 2007 on November 26, 2007 at approximately 3:55 PM recommended that "puree" be added to Client #3's POS. There was no documented evidence	{W 322}		

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{W 322}	Continued From page 7 that a pureed diet was included on the POS. 2. Review of the Physical Therapist (PT) assessment dated July 23, 2007, 2007 on November 27, 2007 at approximately 11:26 PM recommended that Client #2 be evaluated by a neurosurgeon to determine the culprit of his right hand intrinsic atrophy. Interview with the Registered Nurse (RN) on November 27, 2007 at approximately 12:26 PM revealed that Client #1 had not been evaluated by a neurosurgeon to determine the culprit of his right hand intrinsic atrophy. There was no documented evidence that Client #2 was evaluated or scheduled to be evaluated by a neurosurgeon to determine the culprit of his right hand intrinsic atrophy. Note: On January 9, 2008, the RN telephoned the primary care physician and received a telephone order to revise client #1's diet order. The review of client #1's nutritional assessment dated 12/8/07 indicated that the client had been recommended to receive a 1800 calorie diet with low cholesterol; however, the 1/07 physician's orders reflected "low cholesterol" without the caloric restriction. Prior to inquiry by the surveyor, the diet order recommended by the nutritionist had not been considered or implemented. As per the POC," nursing and the PCP will review all new set of orders routinely to ensure that they reflected the current drug regimen, treatment regimen and diet. The QMRP will review the clinical assessment recommendations and progress notes monthly to ensure that any changes in the treatment regimen are picked up and properly implemented and documented."	{W 322}		
{W 331}	483.460(c) NURSING SERVICES	{W 331}		

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{W 331}	Continued From page 8 The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of two of two clients in the sample. (Client #1 and Client #2) The findings include: The facility's nursing staff failed to ensure timely follow-up on referrals in accordance with the needs of two of the two clients in the sample. (See W338)	{W 331}		
{W 338}	483.460(c)(3)(v) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's nursing services failed to ensure timely follow-up on referrals in accordance with the needs of two of the two clients in the sample. (Client #1 and #2) The findings include: 1. The facility's nursing services failed to ensure that Client #1's audiology appointment was conducted timely as evidenced below:	{W 338}		

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{W 338}	Continued From page 9 Review of an audiology consult dated June 23, 2006 on November 27, 2007 at approximately 8:38 AM revealed a recommendation that the client return to the audiology clinic after going to ENT to have a cerumen impaction removed from both ears. Interview with the RN on November 27, 2007 at approximately 8:35AM revealed that Client #1 is scheduled to go to the audiologist on November 29, 2007. Record review on November 27, 2007 at approximately 12:40 PM revealed that the client did not go to the ENT or back to the audiologist as recommended. There was no documented evidence that the client returned or was scheduled for an audiology appointment in a timely manner. Note: At the time of the follow up visit, it was confirmed by the RN that client #1's audiological had not been performed. 2. The facility's nursing staff failed to ensure that Client #2's CBC and LFT laboratory studies were obtained in a timely manner as evidenced by: Review of physicians's order sheet (POS) dated September 26, 2007 on November 27, 2007 at approximately 12:00 PM revealed a recommendation that the client have a CBC and LFT every three months. Review of laboratory studies on November 27, 2007 at approximately 12:34 PM revealed that the last laboratory studies were obtained on March 1, 2007. Interview with the RN on November 27, 2007 at approximately 12:11 PM revealed that Client #1 did have laboratory studies obtained as recommended by the Primary Care Physician (PCP). There was no documented evidence that the client had his CBC and LFT obtained every three months as	{W 338}		

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{W 338}	Continued From page 10 recommended by the PCP. 3. The facility's nursing staff failed to ensure that Client #2's Depakote levels were obtained in a timely manner as evidenced by: Review of physicians's order sheet (POS) dated September 26, 2007 on November 27, 2007 at approximately 12:01 PM revealed a recommendation that the client have Depakote levels obtained every three months for the management of Schizophrenia. Review of laboratory studies on November 27, 2007 at approximately 12:35 PM revealed that there were no Depakote levels on file. Interview with the RN on November 27, 2007 at approximately 12:12 PM revealed that Client #1 did have his Depakote levels obtained every three months as recommended by the PCP. There was no documented evidence that the client had Depakote levels obtained every three months as recommended by the PCP. 4. The facility's nursing staff failed to ensure that Client #2's chemistry laboratory studies were obtained in a timely manner as evidenced by: Review of POS dated September 26, 2007 on November 27, 2007 at approximately 12:02 PM revealed a recommendation that the client have chemistry levels obtained every three months. Review of laboratory studies on November 28, 2007 at approximately 3:34 PM revealed that the only chemistry levels on file were obtained on November 14, 2007. Interview with the RN on November 27, 2007 at approximately 12:11 PM revealed that Client #1 did not have chemistry laboratory studies obtained every three months as recommended by the PCP. There was no	{W 338}		

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{W 338}	Continued From page 11 documented evidence that the client had his chemistry levels obtained every three months as recommended by the PCP. Note: The POC reflected "the RN will develop a schedule for serum lab follow up by 12/30/07." A schedule was shared with the surveyor; however, the identified laboratory studies for clients #1 and #2 that were cited in the original recertification had not been performed. 5. Review of a neurology consult dated February 9, 2007 on November 27, 2007 at approximately 11:47AM revealed a recommendation for Client #2 to have a MRI of the Brain and Cervical Spine. Review of Client #2's medical consult dated March 2, 2007 revealed that the MRI of the Brain and Cervical Spine was not perfomed. Interview with the RN on November 27, 2007 at approximately 1:50PM revealed that Client #2's parents would not sign the consult for the MRI of the Brain and Cervical Spine. Further interview revealed that it is unknown whether or not the neurologist is aware that Client #2 did not have the MRI of the Brain and Cervical Spine performed. Note: 1. It was acknowledged by the RN and the QMRP on January 9, 2008 at 11:10 AM that the MRI and Cervical Spine testing had not been performed. The QMRP stated that the client's family members had not provided consent for the testings and that a meeting had been scheduled to review the information again with the family members. There was no evidence that a risk and benefits analysis had been conducted. to provide the members with information. In addition, the	{W 338}		

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{W 338}	Continued From page 12 family members are considered active; however, they are not identified as the legally sanctioned advocates for consenting. 2. It was stated in the POC that RN's, QMRP's, and facility managers of each home would meet monthly to discuss medical concerns and the nursing team would meet with the DON monthly to review the status of follow up by 12/1/07. There was no evidence presented by the RN or the QMRP that these meetings had been conducted to ensure timely follow up for clients #1 and #2.	{W 338}		